

Scott

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

RECEIVED
E-MAIL
MAY 17 2010

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends to Elect Fred Classon

IMPORTANT: Indicate by # type of committee you are reporting for. 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Fred Classon

Political Party (if applicable)

Democratic

Office Sought

Scott County Supervisor

District (if Senate or House)

FORM
DR-2

(Rev. 12/2009)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____
Logged in _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

W. Fred Classon

SIGNATURE OF PERSON FILING REPORT

563-386-3127

TELEPHONE

5-16-2010

DATE SIGNED

I AM FILING A May 16, 2010 disclosure REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

June 8, 2010

County & Local Committees, enter County in which Election is held

Scott

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) \$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below) \$ 575.00

Schedule F: Loans Received total (Attach Schedule F) \$ 3900.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) \$ 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 4475.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) \$ 3446.31

Schedule F: Loan Repayments total (Attach Schedule F) \$ 1028.69

CASH ON HAND at the end of this reporting period (if final report balance must be zero) \$ 900.00

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 45.72

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 3900.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 0

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends to Elect Fred Classan

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
3-20-10	ID# CK# 6702	Rita Vargas 2724 LeClaire St, IA 52803		\$ 25	<input type="checkbox"/>
3-30-10	ID# CK# 1374	Michael Boadenstedt Georgia Jecklin 2398 Forest Reed Pl, LeClaire, IA 52553		\$100	<input type="checkbox"/>
4-1-10	ID# CK# 2694	Debra Brown 1404 W 43rd Davenport, IA 52806		\$50	<input type="checkbox"/>
4-20-10	ID# CK# 5154	Sara Gott 2919 Harford Dr. Bett IA 52722		\$25	<input type="checkbox"/>
4-20-10	ID# CK# 6352	Joseph or Jill Akers 810 Court Street, Wilton, IA 52788		\$20	<input type="checkbox"/>
4-23-10	ID# CK# 4219	Mary + Richard Vellis 35 Edgehill Terrace Davenport 52803		\$15	<input type="checkbox"/>
4-26-10	ID# CK# 16240	Mary Dubert 2961 Farnum Davenport, IA 52803		\$25	<input type="checkbox"/>
4-24-10	ID# CK#	Barb + Ed Oppedisano 10 Dandy Dr. Cos Cob, CT	Sister	\$200	<input type="checkbox"/>
5-1-10	ID# CK# 5002	Thomas Wolfe 1905 Emerald Dr. Davenport, IA 52804		\$35	<input type="checkbox"/>
5-10	ID# CK# 8891	Mike Tandy 1208 15th St Bettendorf, IA 52722		\$25	<input type="checkbox"/>

SUB-TOTAL

\$ 520

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends to Elect Fred Classon

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5-6-10	ID# CK# 1241	Gail Heninger 604 River Dr. Bettendorf, IA 52022		\$25	<input type="checkbox"/>
5-8-10	ID# CK# Cash	Anonymous Cash Donation		\$20 ⁰⁰	<input type="checkbox"/>
5-12-10	ID# CK# 2958	Rebecca Buehning 4823 E 49th Davenport, IA 52807		\$10 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 55	
TOTAL (If last page of this schedule)				\$ 575	

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Page 2 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends to Elect Fred Classon

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4-1-10	ID# CK#1001	Victory Store, Com 5200 SW 30th Davenport, IA 52802	Campaign Posters	\$1899 ⁷⁹
4-2-10	ID# CK#1002	Daniel Kimler Central High School	Student artwork for signs	\$25 ⁰⁰
4-4-10	ID# CK#1003	menards 110 W 53rd Davenport, IA 52806	Stakes for Signs	\$233 ²⁶
4-19-10	ID# CK#1004	Fed Exp Kinkos 110 E 50th St Davenport, IA 52806	Printing Voter Registration forms	\$42 ⁸⁰
5-14-10	ID# CK#1005	Victory Store, Com (see above)	Printing & Postage for mailers	\$1245 ⁴⁶
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$3446 ³¹
TOTAL (If last page of this schedule)				\$3446 ³¹

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends to Elect Fred Classon

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
4-17-10	Fred Classon 4405 Regency Pl Davenport IA 52806	Self	Printing of friends Letter	\$25.42	<input type="checkbox"/>
4-19-10	Fred Classon see above	Self	Envelopes @ office May	\$20.30	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$45.72

TOTAL (if last
page of this
schedule)

\$45.72

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

RESET

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends to Elect Fred Classon

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
3-23-10	Fred Classon 4405 Regency PL Davenport, IA 52806	Self	\$1,500 ⁰⁰
4-1-10	Fred Classon (see above)	Self	\$1,000 ⁰⁰
5-10-10	Fred Classon (see above)	Self	1,400 ⁰⁰

TOTAL (PART I)

\$ 3900PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
	None		\$

TOTAL CASH REPAYMENTS (PART II)

\$ _____

From Schedule E - TOTAL LOANS FORGIVEN

\$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 3900

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Page 1 of 1
(for Schedule F)